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COVER LETTER

TO: Registration Section

Division of Cor	porations •		
321 Market	ing. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniela Anidjar, Esq.		
		Name of Person	
		Name of Ferson	
	Tinton Law Firm		
		Firm/Company	
	1110 Brickell Ave., Suit 60)7	© \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	daniela@tintonlawfirm.con		
	E-mail address: (to be used for future annual report no	uncation)
For further information c	oncerning this matter, please c	all:	
Daniela Anidjar		+1 954805659. at ()	
Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addres		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 04014	Z410 IN. MONT	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 1:215 F. 15: 26 321 Marketing, LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 11, 2024 _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FLORIDA HOME SOLUTIONS, L	5497 ALANDALE COURT	
		ORLANDO, FL 32839	■ Remove
		5497 ALANDALE COURT	
MGR	S & E Florida Home Improvement.	ORLANDO, FL 32839	= Add
			□Remove
		□Change	
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Affective date, if other the fan effective date is listed, the cannot be affective date inserted in document's effective date or	late must be specif this block does	fic and cannot be p not meet the app	plicable statutor	ng or more than 90 y filing requiren	(optional) days after filing.) P tents, this date w	ursuant to 605.0207 II not be listed as
record specifies a delayed of is filed.	ffective date, bu	it not an effectiv	re time, at 12:01	a.m. on the earl	ier of: (b) The S	90th day after the
Dated February 6		2024	·			
	-	M.				
	_/			ntative of a membe		